

Members:

Rep. Charlie Brown, Chairperson
Rep. Susan Crosby
Rep. Craig Fry
Rep. Vaneta Becker
Rep. Karen Burkhardt
Rep. Phyllis Pond
Sen. Marvin Riegsecker
Sen. Beverly Gard
Sen. Robert Jackman
Sen. Glenn Howard
Sen. Vi Simpson
Sen. Cleo Washington



INTERIM STUDY COMMITTEE ON HEALTH ISSUES

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Authority: Legislative Council Resolution 2-1998

MEETING MINUTES

Meeting Date: August 12, 1998
Meeting Time: 10:00 A.M.
Meeting Place: State House, 200 W. Washington St.,
Room 233
Meeting City: Indianapolis, Indiana
Meeting Number: 4

Members Present: Rep. Charlie Brown, Chairperson; Rep. Susan Crosby; Rep. Craig Fry; Rep. Vaneta Becker; Rep. Karen Burkhardt; Rep. Phyllis Pond; Sen. Beverly Gard; Sen. Robert Jackman; Sen. Glenn Howard; Sen. Vi Simpson; Sen. Cleo Washington.

Members Absent: Sen. Marvin Riegsecker.

Rep. Brown called the meeting to order at 10:20 A.M. and asked Sen. Gard to introduce the topic of hospice issues.

Sen. Gard informed the members of the Committee about the progress made with a House Bill regarding hospice licensure during the 1998 session. She explained that the final outcome was a resolution to study the issue during this interim with a possible resultant bill.

Mark Murray, President, Hospice of St. Joseph County, and Indiana Hospice Organization, provided a copy of his testimony to the Committee members.¹ Mr. Murray explained that, currently, certification of hospices is voluntary, and that there are no criteria which must be met for an organization to call itself a "hospice". He also stated

¹A copy of Mr. Murray's testimony is on file in the Legislative Information Center, Room 230 of the State House, Indianapolis, Indiana. The telephone number of the Legislative Information Center is (317) 232-9856, and the mailing address is 200 W. Washington St., Suite 301, Indianapolis, Indiana 46204-2789.

that Indiana is the only state in the United States which provides a Medicaid hospice benefit but does not license hospices. He stated that hospices in Indiana are only surveyed approximately every 7 years and that more supervision is needed to insure that the terminally ill in Indiana are protected.

In response to questions from Rep. Brown, Mr. Murray responded that: (1) the Medicare certification definition of hospice is the preferred definition; (2) it is unknown how many organizations in Indiana are calling themselves "hospices"; (3) "deemed status" language in a bill draft means that if a facility is accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the facility does not have to be inspected by the Indiana State Department of Health (ISDH).

Rep. Pond asked for some background on JCAHO. Karen Mills, Hancock Memorial Hospice stated that JCAHO is a national organization which accredits health care organizations on a voluntary basis.

In response to questions from Rep. Becker, Tim Kennedy, Indiana Hospital and Health Association, stated that there is only one hospital currently offering in-patient hospice services. There are approximately 30-40 hospitals offering home health hospice services. He stated that the concern with licensure is that hospitals, especially as more offer in-patient hospice services, will be required to be dually licensed. He stated that hospitals are already licensed and surveyed by the ISDH and that additional licensure of a hospice unit located within a licensed hospital is unnecessary. Pat Rios, ISDH, stated that state certification of hospices mirrors federal certification. She clarified that federal certification is necessary for hospices which seek Medicare reimbursement. Mr. Murray stated that home health agencies are licensed as home health agencies and that hospice licensure would require additional licensure for home health agencies providing hospice services.

Dr. Michael Myers, Medical Director of Visiting Nurse Service and Hospice, Ft. Wayne, provided a handout of his testimony.² Dr. Myers stressed that aging baby boomers will increase the demand for hospice services. He explained that increasing numbers of physicians and nurses are seeking board certification and that minimum standards of hospice care are needed. He also stressed the importance of hospice patients and families having a formal process through which to resolve complaints about hospice care.

Ellen Surburg, R.N., Director, Hospice of Bloomington and Vice-President, Indiana Hospice Organization, provided a handout of her testimony.³ Ms. Surburg stressed the importance of a formal complaint process as there is no definitive place for complaints regarding hospice care at this time. She stated that monitoring of nursing homes where hospice care is provided is important.

In response to questions from Rep. Brown and Rep. Becker, Ms. Surburg and Ms. Rios

²A copy of Dr. Myers' testimony is on file in the Legislative Information Center (see footnote 1).

³A copy of Ms. Surburg's testimony is on file in the Legislative Information Center (see footnote 1).

explained that the estimated fiscal impact of the 1998 bill, HB 1249, was \$50,000. Ms. Surburg explained that nursing homes contract with hospice providers to provide hospice services to the nursing home's patients. A licensed nursing home which contracts with a hospice provider would not need additional licensure under a hospice licensure law, but the hospice provider that is furnishing services under the contract would need to be licensed. If, however, the nursing home wished to provide hospice services itself, it would need to be licensed under a hospice licensure law. Rep. Brown raised the issue of whether nursing homes should be treated differently from hospitals by being required to have a hospice license under a licensure law. A group of individuals working on proposed legislation stated that they had not yet discussed that issue, but would consider it.

Jean Macdonald, Indiana Association for Home and Hospice Care, provided a handout showing certified hospice providers in Indiana.⁴ She stated that there are 65 certified hospices in Indiana. She explained that payment for room and board for inpatient hospice services is typically made by private payment, with a hospice benefit typically paying for the hospice services. She stated that hospices also contract with nursing homes and hospitals to provide care to hospice patients requiring hospitalization for short term acute care and respite care in nursing homes. Ms. Macdonald discussed factors being considered in improving proposed legislation and stated that the working group would have a proposal ready before the next meeting of the Committee.

Jennifer Bayless, Consumer, Crawfordsville, Indiana, provided a handout of her testimony.⁵ Ms. Bayless provided information on her own experience as the daughter of a hospice patient.

Rep. Brown requested that Ms. Rios provide a copy of the Medicare certification definition of hospice to Committee staff.

Harriett O'Connor, Executive Director, Indiana Hospice Organization, provided a copy of her testimony to Committee members.⁶ Ms. O'Connor also pointed out several other handouts provided to Committee members regarding hospice care and licensure.⁷ She stressed the importance of licensure to insure that quality care is provided.

Pat Rios, Indiana State Department of Health, explained that ISDH has met with various individuals regarding the hospice licensure issue and that it seems clear that the issue of licensure is driven by the need for uniformity and concerns about fraud. Ms. Rios explained that ISDH and the Office of Medicaid Policy and Planning have met to discuss overlap areas with regard to medicaid reimbursement roles, quality of care

⁴A copy of the handout provided by Ms. Macdonald is available in the Legislative Information Center (see footnote 1).

⁵A copy of Ms. Bayless' testimony is on file in the Legislative Information Center (see footnote 1).

⁶A copy of Ms. O'Connor's testimony is on file in the Legislative Information Center (see footnote 1).

⁷Copies of the handouts referred to by Ms. O'Connor are on file in the Legislative Information Center (see footnote 1).

issues and fraud and abuse issues. She acknowledged that the state has an interest in overseeing hospices as they are a part of the health care system and for the integrity of the newly added Medicaid hospice benefit. Ms. Rios stated that the ISDH supports licensure due to quality of care and fraud and abuse concerns. She mentioned a form of licensure under which blood centers operate within a hospital and suggested that this form of licensure might be appropriate for hospices. She stated that it is possible that this would cut the list of hospices requiring separate licensure. Rep. Crosby asked whether the \$50,000 fiscal impact amount was realistic. Ms. Rios responded that the \$50,000 amount was estimated for one additional full-time employee with the 1998 bill and that the impact would depend on the type of licensure requirements of any proposed legislation.

In response to a question from Sen. Gard, Ms. Rios explained that uniformity of hospice care inside and outside of already licensed entities is the goal of ISDH. She stated that an entity that operates a hospice program, but is already licensed, should not be required to be licensed separately for hospice.

Rep. Brown requested that the interested parties who are working on the current version of proposed legislation forward that version to staff in time to provide the draft to Committee members in advance of the September 2, 1998, meeting at which final recommendations and findings will be reviewed.

Rep. Brown stated that Sen. Jackman had an issue that he would like to present to the Committee. Sen. Jackman asked for guidance regarding the lack of continued housing facilities for disabled individuals reaching their 18th birthday. Ron Sobecki, Fiscal Analyst for the Committee stated that the Commission on Mental Retardation and Developmental Disabilities has a meeting scheduled regarding that issue on Monday, August 17, 1998.

The meeting was adjourned at 12:00 P.M.